TRAVEL EXPENSE CLAIM

See Instructions and Privacy

STD 262 (R		PENSE CLAIM		3	Stateme	nt on Rev	erse Side				Page	1	of	1	
LAIMANT'S						SSAN OR EM	PLOYEE NUM	IBER		DEPARTME	NT		-		
Matthew David							Governor					or's Office			
POSITION CB/ID NUMBER Deputy Chief of Staff RESIDENCE ADDRESS					:R	DIVISION OR BUREAU					INDEX NUME	IER			
					Communications HEADQUARTERS ADDRESS					TELEPHONE NUMBER					
						State Ca	nitol					/			
CITY STATE ZIP					State Capitol CITY STATE					ZIP					
					Sacramento Califor					rnia 95814					
MEALS						TRANSPORTA					TION				
MONTH YEAR		LOCATION WHERE EXPENSES	LODGING				INCIDENTALS			CARFARE,	PRIVATE CAR USE		BUSINESS	TOTAL	
								COST OF		TOLLS,					
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
13-Nov	7:00am	SMF > LA	182.50			8.78	6.00	173.60				0 00		370.8	
4-Nov	10am	LA > Israel		6 00				30.00				0.00		36,00	
5-Nov												0.00		0.00	
6-Nov												0.00		0.00	
17-Nov												0.00		0.00	
18-Nov												0.00		0.00	
9-Nov	9pm	LA > Sacramento	158 46					238 60				0.00		397.06	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
						30						0.00		0.00	
												0.00		0.00	
												0.00		0.00	
	SUBTO	OTALS	340.96	6 00	0.00	8.78	6.00	442,20	0 00	0.00	0	0.00	0.00		
LUMN	CODE (A	ACCTG. USE ONLY)	14 E.Y.			等以为为		10 TO 10	THE PLAN		6 223			
	CLAIM	TOTAL											500	2.04	
			DETAILS	/AHaah aa									\$803	5.94	
		P, REMARKS AND		(Allach re	ceipts wr	ien require	ea)				NORMAL V	VORK HOU	RS		
taff for GAS Middle East Briefing										PRIVATE VEHICLE LICENSE NUMBER					
					V		- M				MILEAGE F	RATE CLAIN	MED		
				19 19 19 19 19 19 19 19 19 19 19 19 19 1							0,445				
											AGENC	Y ACCOU	NTING O	FFICE	
REBY CE	RTIFY, Tha	at the above is a true state	ment of the tr	avel expenses	incurred by	me in accord	iance with DP	A rules in the	e service of the	ne State of		USE O	NLY		
		owned vehicle was used ar									PAIN RV I	REVOLVING FU		IMPER	
ater than t	he rate clain	med, and that I have met th									2	Un	01	7	
	and the second	ly and seat belt usage									0	-10	OL		
	IGNATURE			D	ATE	S	SIGNATURE O	F OFFICER A	PPROVING TR	RAVEL AND I	PAYMENT	D	ATE /	/	
rtaining to										•			12/7/	100	
			 S			,							12/2/ ATE	109	